

**Department of Urban and Regional Planning
School of Architecture and Planning**

PD 499/599 PROPOSAL FOR INDEPENDENT STUDY

Faculty Supervisor: _____

Student: _____

UB Person Number: _____

Semester: _____

Student should complete this form for the proposed Independent Study Project describing it in detail. The faculty supervisor must approve the project. Return the form to the Department office for the Chair's approval. If necessary attach additional pages. **(THIS FORM MUST BE TYPED)**

SUBJECT/PROPOSED TITLE:

RATIONALE: (State clearly and succinctly the reason for pursuing this subject or area of investigation)

DESCRIPTION:

TENTATIVE BIBLIOGRAPHY OR SOURCE MATERIAL:

WORK PRODUCT: (term paper, professional report, computer program, CD-Rom, etc.)

DATE PRODUCT(S) TO BE SUBMITTED: _____

Number of Credits: _____

Student's Signature: _____

Instructor's Signature: _____

Chair's Signature: _____

